

FILED JUL 6 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18056

State File No.

BIRTH NO.		REG. DIST. NO. <u>72</u>		PRIMARY REG. DIST. NO. <u>4134</u>		Registrar's No. <u>42</u>	
1. PLACE OF DEATH a. COUNTY <u>CLAY</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SMITHVILLE</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>CLAY</u> c. CITY OR TOWN <u>SMITHVILLE</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>6000</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>B.</u> c. (Last) <u>CARVER</u>		4. DATE OF DEATH (Month) <u>JUNE</u> (Day) <u>29</u> (Year) <u>1955</u>		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>AUG. 30, 1881</u>		9. AGE (In years last birthday) <u>73</u>		10. IF UNDER 1 YEAR Months <u>10</u> Days <u>10</u> Hours <u>10</u> Min. <u>10</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOMEMAKER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>MATFIELD GREEN, KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>RUSSELL BLACKMAN</u>		13b. MOTHER'S MAIDEN NAME <u>LAVINA HEATH</u>		14. NAME OF HUSBAND OR WIFE <u>EARL CARVER</u>		DIED <u>1946</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ADRIAN G. CARVER SMITHVILLE, MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>4201</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Jan 10, 1948</u> to <u>June 29, 1955</u> , that I last saw the deceased alive on <u>June 29, 1955</u> and that death occurred at <u>11 45 pm.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>R. B. Belman</u> (Degree of title) <u>M.D.</u>		23b. ADDRESS <u>Smithville, MO.</u>		23c. DATE SIGNED <u>6/30/55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>JULY 1, '55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ALTOONA</u>		24d. LOCATION (City, town, or county) (State) <u>KAN.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>MCCOMAS FUNERAL HOME, SMITHVILLE, MO.</u>	
DATE REC'D BY LOCAL REG. <u>6/30/55</u>		REGISTRAR'S SIGNATURE <u>Alice L. Humphreys</u> <u>494-8</u> <u>Deputy</u> (Licensed Embalmer's Statement on Reverse Side)					

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Donald W. Hawks*.....

Licensed Embalmer No. *1452*.....

P. O. Address *Smithville,*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.